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**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\* *DR* \*\*\*\*\*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *DR* \*\*\*\*\***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>DR</i> Initials				

**ADDRESS**

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**TITLE**

VIDEO HORIZONTAL AND VERTICAL VARIABLE SCALING FILTER

<b>FILING FEE RECEIVED</b> 764	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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